

| Address all correspondence to : Customer Services | | | |
|--|--|---|---------------------|
| Whakatane District Council Private Bag 1002 Whakatane 3158 Phone 07 306 0500 Fax 07 307 0718 | | | |
| Owner/Applicant details | | | |
| First Name | | | |
| Surname | | | |
| Physical Address | | | |
| Postal Address (if different from Physical address) | | | |
| Home Phone | | | |
| Mobile Phone | | | |
| Email Address | | | |
| Details (Please Tick Appropriate Boxes) | | | |
| Type of Bin service: | | | |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural-Commercial <input type="checkbox"/> Ohope-Urban <input type="checkbox"/> Ohope-Commercial | | | |
| Valuation No (shown on rates assessment, e.g. 7181/452.03) | | | |
| <input type="checkbox"/> New Service <input type="checkbox"/> Additional Service | | | |
| Including this new or additional service, how many services should be charged to this property? | | (Collection Service includes: one 80 litre refuse bin, one 240 litre recycling bin, one glass crate and one 240 litre Green waste bin in an urban area, or , one 80 litre recycling bin and one glass crate and one 240 litre recycling bin in a rural area or commercial service.) | |
| _____ | | | |
| Bin types required: <input type="checkbox"/> 80 Litre Bin <input type="checkbox"/> Green Waste Bin <input type="checkbox"/> Glass Crate <input type="checkbox"/> Recycling (if service available) | | | |
| *Note: 1. Only the Property Owner may request the mobile refuse bin collection service. 2. Customer Services to ensure a "Request for Service" is raised and sent to the Contractor for action. | | | |
| I agree to the refuse rate being added to my property rates account as at 1 July _____ I agree to pay the fee applicable for the current financial year. | | | |
| Owner's Signature: | | | Dated: |
| Print owner's name clearly | | | |
| Applicant's Signature: | | | Dated: |
| Print applicant's name clearly | | | |
| Office Use Only | | | |
| Receipt Number: | | Total Paid: | CSO initials |
| | | | |
| RFS No. | | Charge Code: | 55 20 10 1250 |
| | | | |
| Rates Officer: Please add to rates as of 1 July _____ | | | |